

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000004287

Entity Name: MESSAGE AWARENESS, INC.

FILED
Mar 20, 2006
Secretary of State

Current Principal Place of Business:

WELLINGTON
22-102
WEST PALM BEACH, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

11924 FOREST HILL BLVD
STE. 22-102
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 01-0562109 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOURDEBAIGT, JEAN-PIERRE
Address: 11924 FOREST HILL BLVD SUITE 22-102
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: HAWKINS, BRIGITTE D
Address: 11924 FOREST HILL BLVD., STE. 22-102
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIGITTE HAWKINS

VP

03/20/2006

Electronic Signature of Signing Officer or Director

_____ Date